

POLICY AND PROCEDURE CONCERNING ADVANCE DIRECTIVES
Appendix A

LIVING WILL

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life sustaining treatment that is not necessary for my comfort or to alleviate pain.

Signed this _____ day of _____ 20_____.

Signature_____

Address_____

The declarant voluntarily signed this writing in my presence.

Witness_____

Address_____

Witness_____

Address_____

Or

The declarant voluntarily signed this writing in my presence.

Notary Public